

**MONTGOMERY COUNTY DEPARTMENT OF RECREATION SPORTS TEAM-4010 Randolph Road, SILVER SPRING, MARYLAND 20902**

**\*\*\*\*Attention Andy Fish, Sports Team \*\*\*\***

**fax roster to 240-777-6890 or email to Andrew.fish@montgomerycountymd.gov**

**TEAM ROSTER**

**YEAR 2012      SPORT: Instr. /Youth BASKETBALL**

**Check one:      ☐ Boy's      ☐ Girl's**

**Grade: \_\_\_\_\_**

**TEAM NAME \_\_\_\_\_ Coach's NAME: \_\_\_\_\_**

**PRACTICE LOCATION: \_\_\_\_\_ to be assigned by director      ADDRESS: \_\_\_\_\_**

**PRACTICE TIME & DAY: \_\_\_\_\_ to be assigned by director      CITY \_\_\_\_\_ ZIP \_\_\_\_\_**

**PHONE: H: \_\_\_\_\_ W: \_\_\_\_\_ Cell #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_**

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use if any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

Name (please print legibly)	STREET ADDRESS	CITY	SCHOOL	ZIP	GRADE	HOME PHONE	WORK PHONE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							